## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	1086	OF	2129
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC	C C00530766		
Check if 24-hour report 48-hour report New report Amends report filed	on Mam / Dab / Yayayay		
Full Name of Payee	Date of Public Distribution/Dissemination		
Chad E Day	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 168 Emerald Hill	Amount		
City State Zip Code	65.00		
Forest City NC 28043	Transaction ID: 96181927-ca30-4125-b Date of Disbursement or Obligation		
Purpose of Expenditure Salary  Category/ Type 001	09 17 2014		
Name of Federal Candidate Support Office	e Sought: House District:00		
Ms. Kay Hagan Oppose	President State: NC NC		
Calendar Year-To-Date Per Election for Office Sought  Disbut			
	Other (specify) ▶		
Full Name of Payee Chad E Day	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 168 Emerald Hill	Amount		
City State Zip Code	73.50		
Forest City NC 28043	Transaction ID: 970d4582-3145-4e21-8 Date of Disbursement or Obligation		
Purpose of Expenditure Mileage  Category/ Type  002	09 / D D D D D D D D D D D D D D D D D D		
Name of Federal Candidate Support Office	e Sought: House District: 00		
Ms. Kay Hagan Oppose	President State: NC		
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	138.50		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.			
Ms. Emily Buchanan [Electronically Filed] Date	18 2015		
Signature			